

OFFICIAL FILE

ILLINOIS  
COMMERCIAL COMMISSION

ILLINOIS COMMERCE COMMISSION

For Commission Use Only:

Case: 02-0417

JUN 12 3 33 PM '02

## FORMAL COMPLAINT

CHIEF CLERK'S OFFICE

Illinois Commerce Commission  
527 E. Capitol Avenue  
Springfield, Illinois 62701

**ORIGINAL**

Regarding a complaint by (Person making the complaint): Lesley A. Walter, Attorney for  
Sandra Aktabowski  
Against (Utility name): Nicor Gas  
As to (Reason for complaint) Overbilling on or around May-June  
2001, account No. 03-25-82-3121-0,  
for Gas service at 334 Emily Court  
in Yorkville Illinois.

### TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 191 S. Chicago Ave., Kankakee, IL 60901  
The service address that I am complaining about is 334 Emily Ct., Yorkville, IL 60560  
My home telephone is [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [815] 435-2760  
(Full name of utility company) NICOR GAS (respondent) is a public utility and is subject  
to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

83 IL ADM CODE 500.220 - NICOR FAILED TO ALLOW CUSTOMER TO  
WITNESS METER TEST AND DID NOT RECEIVE A REPORT ON THE TEST  
83 IL ADM CODE 500.230 - NICOR DISPOSED OF SUSPECT METER  
AFTER ALLEGEDLY CONDUCTING TEST, THEREBY DEPRIVING  
CUSTOMER OF RIGHT TO HAVE COMMISSION TEST THE METER  
83 IL ADM CODE 500.240 - NICOR FAILED TO REFUND OVERCHARGE  
DUE TO INACCURACY OF METER

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

1. SANDRA AKTABOWSKI IS A CUSTOMER OF NICOR GAS SERVICE FOR HER HOME AT 334 EMILY COURT, YORKVILLE, ILLINOIS. HER ACCOUNT NUMBER IS 03-25-82-3121-0.
  2. PRIOR TO MAY 2001, MS. AKTABOWSKI NEVER WAS BILLED MORE THAN \$300 FOR ANY MONTHLY GAS USAGE.
  3. IN ~~JUNE~~ 2001, MS. AKTABOWSKI RECEIVED A BILL OF \$726.34 FOR 5/1/01 TO 6/11/01 PERIOD.
  4. NICOR TESTED METER AT MS. AKTABOWSKI'S REQUEST AFTER REMOVING METER FROM HER HOME. SHE WAS NOT TOLD ANYTHING ABOUT THE TESTING OR THE RESULTS, OTHER THAN THERE WAS NOTHING WRONG WITH METER. HOWEVER, EMPLOYEE WHO REMOVED METER ADMITTED THAT SIMILAR PROBLEMS OF OVERBILLING WERE HAPPENING IN THE AREA.
  5. NICOR HAS FAILED TO GIVE A SATISFACTORY EXPLANATION OR REFUND THE BILLED AMOUNT.
- Please clearly state what you want the Commission to do in this case: ORDER NICOR TO REFUND THE OVERCHARGE INCURRED FOR CUSTOMER'S MAY-JUNE 2001 BILL, OR ALTERNATIVELY ORDER NICOR TO PRODUCE THE SUBJECT METER FOR TESTING BY ICC.

Date: 6/10/02  
(Month, day, year)

Complainant's Signature Lesley A. Walter

If an attorney will represent you, please give the attorney's name, address, and telephone number.

Lesley A. Walter, 191 S. Chicago Ave, Kankakee IL 60901  
815-935-2760

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

#### VERIFICATION

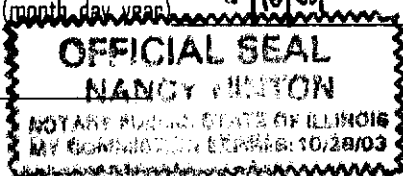
A notary public must witness the completion of this part of the form.

I, Lesley A. Walter first being duly sworn, say that I have read the above petition and know what it says.  
The contents of this petition are true to the best of my knowledge.

(Signature) Lesley A. Walter

Subscribed and sworn/affirmed to before me on (month, day, year) 6/10/02

Nancy Jinton  
Notary Public, Illinois



**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.